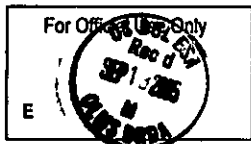


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> 13413	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / 2004
3 Name and address of person filing Name <input type="text"/> Robert <input type="text"/> E <input type="text"/> Kovar P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 214 E Anthony St City <input type="text"/> Celina State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 45822-1526	4 Name file number and address of labor organization Name <input type="text"/> Utility Workers Union of America- Local 308 Labor Organization File Number <input type="text"/> 012-475 P O Box Building and Room Number if any <input type="text"/> P O Box 1608 Street <input type="text"/> City <input type="text"/> Lima State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 45802-1608
5 Position in labor organization <input type="text"/> President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Dominion East Ohio Gas Co Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 1201 East 55th St City <input type="text"/> Cleveland State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 44103-1081	7 a Nature of Interest Transaction or Income <input type="text"/> Gift Certificate <input type="text"/> Christmas gift for honey baked ham 7 b Amount <input type="text"/> \$25

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <input type="text"/> Robert E. Kovar	On <input type="text"/> 07/13/2005	<input type="text"/> 419-586-6127
	Date	Telephone Number

Name of Person Filing Robert Kovar	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;">N/A</div> 11 b Approximate dollar value of such dealing <input style="width: 150px;" type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b Amount <input style="width: 150px;" type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14 a Nature of payment <div style="border: 1px solid black; height: 150px; margin-top: 5px;">N/A</div> 14 b Amount of payment <input style="width: 150px;" type="text"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	